

Summons in a Civil Action (Rev 11/97)

United States District Court
SOUTHERN DISTRICT OF CALIFORNIA

MICHAEL MOI

VS

CARDINAL HEALTH, INC., GROUP
LONG TERM DISABILITY BENEFIT
PLAN

SUMMONS IN A CIVIL ACTION

Case No. 08 CV 1150 L NLS

TO: (Name and Address of Defendant)

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and
serve upon PLAINTIFF'S ATTORNEY

BROOKS L. ILER
ILER & ILER LLP
13400 POMERADO RD.
POWAY, CA 92064

An answer to the complaint which is herewith served upon you, within 20 days after
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment
by default will be taken against you for the relief demanded in the complaint.

W. Samuel Hamrick, Jr.

CLERK

7/3/08


DATE

By 

, Deputy Clerk

Summons in a Civil Action

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RETURN OF SERVICE			
Service of the Summons and Complaint was made by me		DATE 07/15/2008	
NAME OF SERVER Mary Flores		TITLE Law Clerk	
Check one box below to indicate appropriate method of service			
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____			
<input type="checkbox"/> Left copies thereof at the defendant's dwelling, house or usual place of abode with a person of suitable age and discretion then residing therein: Name of person with whom the summons and complaint were left: _____			
<input type="checkbox"/> Return unexecuted:			
<input checked="" type="checkbox"/> BY U.S. CERTIFIED MAIL, RETURN RECEIPT. I am readily familiar with the firm's practice of collection and processing of correspondence for mailing with the United States Postal Service, and that the correspondence shall be deposited with the United States Postal Service this same day in the ordinary course of business pursuant to Code of Civil Procedure Section 1013(a)			
STATEMENT OF SERVICE FEES			
TRAVEL		SERVICES	TOTAL \$0.00
<div style="text-align: center;">DECLARATION OF SERVER</div> <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.</p> <p>Executed on: 07/15/08</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <p>Date</p> </div> <div style="text-align: center;">  <p>Signature of Server</p> <p>13400 Pomerado Rd. Poway, CA 92064</p> <p>Address of Server</p> </div> </div>			
<div style="text-align: center;">NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE</div> <p>IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT. <u>COUNSEL FOR THE PLAINTIFF HAS RECEIVED A CONSENT FORM.</u></p> <p>YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE TO WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION.</p> <p>JUDGEMENTS OF THE U.S. MAGISTRATES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.</p>			

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Daryl Scott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Daryl Scott</i> C. Date of Delivery <i>7-15-08</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:			
CARDINAL HEALTH, INC., GROUP LONG TERM DISABILITY BENEFIT PLAN 1430 Waukegan Road McGaw Park, IL 60086		Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7007 2560 0002 6053 6380			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.59
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.49
Postmark Here	
CARDINAL HEALTH, INC., GROUP LONG TERM DISABILITY BENEFIT PLAN 1430 Waukegan Road McGaw Park, IL 60086	